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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number		
	Filing Date	10/17/2003	
	First Named Inventor	T.Wade Fallin, et al.	
	Art Unit	3738	
	Examiner Name	Chattopadhyay, Urmi	
Total Number of Pages in This Submission	4	Attorney Docket Number	MED-1 CON CIP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MedicineLodge, Inc.		
Signature	<i>[Handwritten Signature]</i>		
Printed name	David Meibos		
Date	5-23-05	Reg. No.	45,885

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Signature	<i>Kathleen Hansen</i>		
Typed or printed name	Kathleen Hansen	Date	5/23/05

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PATENT
Docket No. MED-1 CON CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: T. Wade Fallin, et al.

Serial No.: 10/687,865

Filed: October 17, 2003

For: FACET JOINT IMPLANT

Examiner: Chattopadhyay, Urmi

Group Art
Unit: 3738

AMENDMENT AND RESPONSE TO OFFICE ACTION

Assistant Commissioner
For Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is a response to the Office Action mailed on May 3, 2005.